



Beneficiary News

www.europe.tricare.osd.mil

Your Passport to Quality Health

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Traveling Tips for Non-TRICARE Family & Friends

Troy Kitch

TRICARE Europe Public Affairs & Marketing

You know what to do if a visiting friend or family member needs medical care overseas and they are TRICARE beneficiaries. But if you've ever had a non-TRICARE eligible visitor fall ill or get injured while visiting you overseas, you know civilian medical care is a lot more complicated. Here are some tips from TRICARE Europe and the U.S. State Department to ensure your visitors have the health care information they need for overseas travel. Make sure those who visit you know the basics of overseas health care before they come overseas!

Know Before You Go

Visitors who are TRICARE ineligible cannot use the military health system. If you have visitors arriving from the states, make sure they know this! If your parents, in-laws, or other non-TRICARE eligible family members or friends visit you this winter, they must ensure that their private health insurance policy covers them overseas. Medicare does not pay for care received overseas. If your visitors are covered under Medicare, ensure that they are aware of this rule and understand that there are no exceptions. In either of these cases, your visitors may wish to purchase temporary travel insurance. Remember: If your visitors need emergency care overseas, they will have to rely on their private insurance and the medical system of the host nation.

U.S. State Department Tips

The U.S. State Department provides many services for Americans traveling abroad. Here are a few of their recommendations.

- ❶ Before going abroad, learn what medical services your health insurance will cover overseas. If your health insurance policy provides coverage outside the United States, REMEMBER to carry both your insurance policy identity card as proof of such insurance and a claim form.
- ❷ Although many health insurance companies will pay "customary and reasonable" hospital costs abroad, very few will pay for your medical evacuation back to the United States. Medical evacuation can easily cost \$10,000 and up, depending on your location and medical condition.
- ❸ THE SOCIAL SECURITY MEDICARE PROGRAM DOES NOT PROVIDE COVERAGE FOR HOSPITAL OR MEDICAL COSTS OUTSIDE THE U.S.A. Senior citizens may wish

to contact the American Association of Retired Persons for information about foreign medical care coverage with Medicare supplement plans.

- ❹ To facilitate identification in case of an accident, complete the information page on the inside of your passport providing the name, address and telephone number of someone to be contacted in an emergency.
- ❺ A traveler going abroad with any preexisting medical problems should carry a letter from the attending physician, describing the medical condition and any prescription medications, including the generic name of prescribed drugs. Any medications being carried overseas should be left in their original containers and be clearly labeled. Travelers should check with the foreign embassy of the country they are visiting to make sure any required medications are not considered to be illegal narcotics.
- ❻ If an American citizen becomes seriously ill or injured abroad, a U. S. consular officer can assist in locating appropriate medical services and informing family or friends. If necessary, a consular officer can also assist in the transfer of funds from the United States. However, payment of hospital and other expenses is the responsibility of the traveler.
- ❼ A listing of addresses and telephone numbers of U.S. embassies and consulates abroad is contained in Key Officers of Foreign Service Posts. This publication may be obtained through the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.
- ❽ For detailed information on physicians abroad, the authoritative reference is The Official ABMS Directory of Board Certified Medical Specialists published for the American Board of Medical Specialists and its certifying member boards. This publication should be available in your local library. U.S. embassies and consulates abroad maintain lists of hospitals and physicians. Major credit card companies also can provide the names of local doctors and hospitals abroad.

❹ Some countries require foreign visitors to have inoculations or medical tests before entering. Before traveling, check the latest entry requirements with the foreign embassy of the country to be visited.

Emergency Contact Numbers

- All Countries in Western Europe112
- Turkey.....055
- Other Countries in EUCOM & CENTCOM.....contact your local U.S. Embassy or Consulate (see travel.state.gov for more information)

TRICARE Europe Beneficiary Feedback

The information in this column features frequently asked questions from beneficiaries and answers provided by the TRICARE Europe Office staff.

Q: *I am a TRICARE Remote beneficiary. With the recent change in our remote health care benefit, I need to know if I should continue to use my U.S. Embassy Doctor?*

A: For active duty members, the U.S. Embassy doctor or Health Unit provider is usually the first stop for health care needs. If the provider determines that your health care needs cannot be met at the Embassy, then you will be referred to a International SOS network provider. With International SOS, you can expect cashless and claimless service and quality care administered by credentialed providers. Please note that family members may or may not have access to a U.S. Embassy provider at all locations. In any case, family members enrolled in TRICARE Prime in a remote locations can rely on International SOS services. Visit us online for more information at www.europe.tricare.osd.mil/benefit/remote. You may contact International SOS at anytime at 00-44-20-8762-8133. You may call them collect or ask them to call you back.

Q: *Does TRICARE Europe offer supplemental insurance to beneficiaries?*

A: While TRICARE Europe does not endorse any specific policy for purchase, TRICARE does offer a list of companies that provide supplemental policies. For more information on supplemental insurance, please see: www.tricare.osd.mil/supplementalinsurance.

Q: *I am currently deployed to Iraq from Europe. My dependent child is in the U.S. with a guardian until I return. Do I need to transfer his TRICARE enrollment or is this automatically done for me when I deploy?*

A: Enrollment transfers for dependents are not automatically done upon your deployment. If your dependent child will be outside of his or her enrollment region and the guardian has a power of attorney, the guardian can go to the nearest TRICARE Service Center and have the enrollment transferred. Upon your child's return to your overseas residence, visit your local TRICARE Service Center and have his or her enrollment transferred back to TRICARE Europe.

TRICARE Benefit for Dependent Parents Limited

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Dependent parents or parent-in-laws who reside with their active duty or retired military sponsors in Europe may use Military Treatment Facilities (MTFs) on a space available basis, but their TRICARE benefits are limited to the Senior Pharmacy Program.

While dependent parents are entitled to direct care in the military system if space is available, they are ineligible for TRICARE Prime, Standard, Extra, or TRICARE For Life. Congress mandates this policy. TRICARE Plus is not available to dependent parents overseas, although it is an option at many stateside MTFs.

"Sometimes dependent parents come to Europe with the expectation that all of their care will be provided at the local MTF, but if the MTF can't treat them they will have to get their care on the economy" said Navy CDR Steve Keener, Director of TRICARE Europe Regional Operations.

Providers at military hospitals try to see as many patients as possible, but increased operations tempo and heavy deployment loads has led to limited space availability Europe-wide, Keener added. If dependent parents are referred to host nation providers for care and do not have private health insurance, they will have to pay for this civilian care out-of-pocket.

"We recommend that dependent parents or parent-in-laws have private health insurance before they come overseas," Keener said, "The cost of health care received on the economy can be very high."

Although dependent parents and parents-in-law are not eligible for TRICARE, they may be eligible for the TRICARE Senior Pharmacy Program. To be eligible for the TRICARE Senior Pharmacy Program, parents and parents-in-law must first meet the uniformed service's requirements to be considered a dependent of an active duty or retired uniformed services sponsor and must be 65 years of age or older.

They must also enroll in the Defense Enrollment Eligibility Reporting System (DEERS) and be entitled to Medicare Part A. If they turn 65 on or after April 1, 2001, they also need to purchase Medicare Part B.

Dependent parents and parents-in-law who are under the age of 65, or those over age 65 who do not meet the Medicare requirements may continue to use military treatment facility pharmacy services on a space available basis. Again, these dependents must be registered in the Defense Enrollment Eligibility Reporting System (DEERS). More information about the TRICARE Senior Pharmacy Program is available online at www.tricare.osd.mil/pharmacy/seniorpharmacy.cfm. DEERS enrollment can be accomplished at the nearest military ID card issuing facility.

For more information about dependent parent or parent-in-law health care coverage, beneficiaries may call or visit their local MTF or contact their servicing TRICARE Service Center (TSC). TSC and MTF contact information is available online at www.europe.tricare.osd.mil.



New Social Security Rules Do Not Change TRICARE for Life Eligibility

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Retirees remain eligible for Medicare and may purchase Medicare Part B upon reaching age 65, despite recent increases in the Social Security retirement age. Military retirees must elect to enroll in Medicare Part B in order to receive TRICARE For Life benefits.

According to the Social Security Administration (SSA), the retirement age for full monetary Social Security benefits will gradually increase beginning with people born in 1938, and will continue to increase incrementally until it reaches age 67 for people born after 1959.

However, the age for Medicare eligibility remains the same. Even if retirees are not eligible for full Social Security retirement benefits at age 65, they may still sign up for Medicare during their initial enrollment period (the three month period prior to the 65th birthday). The SSA will notify those who are approaching their 65th birthday when this period begins. Military retirees who purchase Medicare Part B during this period will ensure their eligibility for TRICARE for Life benefits upon turning 65.

If military retirees choose to wait until they begin to receive annuity payments before enrolling in Medicare Part B, they will have to

wait for the Medicare open enrollment season (January 1 through March 31 of each year) to purchase Part B. Since Part B purchases made during the open period are not effective until the following July, TRICARE for Life eligibility would also be delayed until the following July.

There are many other rules associated with Medicare enrollment. Visit the Social Security Administration online at www.ssa.gov for more details.

Medicare sends a quarterly bill for the Medicare Part B premium to individuals if they are not yet receiving Social Security benefits.

Beneficiaries who turn 65 in 2003 or later will be required to send their initial Medicare payments to the Centers for Medicare & Medicaid Services (CMS) since their first full-retirement annuity check will be delayed under the new SSA guidelines.

Once beneficiaries begin receiving their full-retirement annuity checks, Medicare payments may be automatically deducted.

For more information about TRICARE for Life, beneficiaries may call or visit their local MTF or contact their nearest TRICARE Service Center. The TRICARE Europe website also hosts a retiree section with news and links to important information at www.europe.tricare.osd.mil

sd.mil.

To find out how the new full-retirement age affects Social Security retirement benefits, visit www.ssa.gov. Beneficiaries may also call the Social Security Administration at 1-800-772-1213; TTY (Telecommunications Device for the Deaf) users may call 1-800-325-0778.

Medicare Part B enrollment forms are available from Federal Benefits Unit (FBU) at certain U.S. Embassy or Consulates, or online at www.medicare.gov/Basics/EnrollmentPackage.asp. Beneficiaries may request enrollment forms at their nearest TRICARE Service Center.

Editor's Note: TRICARE For Life beneficiaries who need to update or verify their eligibility, or beneficiaries who have received an Explanation of Benefits (EOB) stating that they need to update their eligibility should contact the nearest ID card facility for assistance.

Information about DEERS records may be obtained at the DEERS Support Office at 001-800-538-9552. This office is open from 3 p.m. to 12:30 a.m. Central European Time. TFL beneficiaries may also update their home addresses on the TRICARE web site at www.tricare.osd.mil/DEERSAddress.



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Important Message About TRICARE and Medicare

Courtesy TRICARE Management Activity

Recently, the House and Senate passed the "Medicare Prescription Drug, Improvement, and Modernization Act of 2003." The President is expected to sign the bill into law shortly. This bill is extensive and complex, and it makes dramatic changes to Medicare. It is important for uniformed services beneficiaries to understand the effect these changes may have on them in the near future and in the years to come.

A preliminary assessment of some of the bill's provisions is presented below. As additional provisions of interest to uniformed services beneficiaries are identified, and as more information becomes available, we will update this site. We intend to work closely with beneficiary representatives to ensure that important information gets the widest possible distribution. In the meantime, if beneficiaries have questions about their TRICARE benefits, they should contact their local TRICARE Service Center for assistance.

Medicare Prescription Drug Benefits

For most Americans, the most significant aspect of the new bill is that it introduces an outpatient prescription drug benefit. This does not affect uniformed services beneficiaries; their TRICARE pharmacy benefits will continue as a separate program.

Beneficiaries who desire to participate in the Medicare outpatient prescription plan should enroll when first eligible. If a beneficiary does not enroll when first eligible, and subsequently desires to do so, an annual late penalty would normally be assessed. However, TRICARE pharmacy benefits are considered a creditable prescription plan under the bill, and as such, uniformed services beneficiaries who do not enroll in the Medicare prescription drug benefit when first eligible do not have to pay an annual penalty if they subsequently enroll because they involuntarily lost their eligibility under TRICARE. Individuals could involuntarily lose their TRICARE eligibility when a dependent widow or widower remarries a person who is not a uniformed services member or retiree, or when a dependent and member or retired member divorce, and the dependent spouse does not qualify under the law as an eligible former spouse for TRICARE benefits.

The TRICARE pharmacy benefit provides excellent coverage and wide availability of services through military facilities, retail pharmacies, and mail order. Thus, it is likely that the vast majority of uniformed services beneficiaries will not find it advantageous to enroll in the new Medicare pharmacy benefit. TRICARE and Medicare will need to establish procedures for coordination of benefits for beneficiaries who do decide to sign up for the Medicare benefit.

Part B Premiums

The bill makes three very important changes relating to enrollment in Medicare Part B, the Supplementary Medical Insurance

Program. The first two changes affect persons not enrolled, or paying surcharges because they enrolled after they were initially eligible for Part B:

First, uniformed services beneficiaries who would be eligible for TRICARE For Life, but are not enrolled in Medicare Part B, may enroll without penalty during a special enrollment period through December 31, 2004. The special enrollment period will be announced via Medicare on the TRICARE Web site (www.tricare.osd.mil) and publicized widely.

Second, uniformed services beneficiaries who enrolled in Medicare Part B in 2001, 2002, 2003, or 2004 and are subject to a premium surcharge for late enrollment in Part B can get those surcharges eliminated by demonstrating that they are covered under TRICARE. The elimination of surcharges is effective January 1, 2004, but the Department of Health and Human Services will need to work out procedures to be followed. Procedures will be announced via Medicare on the TRICARE Web site (www.tricare.osd.mil) and publicized widely.

The third change made by the bill affects all seniors, not just uniformed services beneficiaries. The Part B premium will be tied to income, beginning in 2007. Individuals with incomes above \$80,000 will pay more, and couples with incomes above \$160,000 will pay more.

Medicare Advantage Program

The bill introduces several enhancements to the current Medicare+Choice program that are expected to increase the availability of private plans offering benefits to Medicare beneficiaries. TRICARE For Life beneficiaries can enroll in Medicare+Choice plans (and TRICARE will reimburse their copayments). More details about Medicare+Choice plans are available on the Medicare Web site: www.medicare.gov/Choices. Most people eligible for Medicare use traditional fee-for-service Medicare.

The bill includes provisions for a pilot program beginning in 2010 (the Comparative Cost Adjustment program) that could result in increased Part B premiums for persons in traditional fee-for-service Medicare, if sicker patients gravitate to private plans in the test sites.

Provider Reimbursement Provisions

The bill includes numerous provisions relating to reimbursement of hospitals, physicians, and other service providers. Significantly, physicians will receive a 1.5 percent payment increase in 2004 for 2005, rather than the reduction that was anticipated.



Medicare Part B Deductible

The bill increases the Medicare Part B deductible to \$110 in 2005 and indexes it to inflation for subsequent years. This should have minimal impact on uniformed services beneficiaries, since the Medicare deductible is payable by TRICARE.

Attention TRICARE Standard Beneficiaries! Non-Availability Statements No Longer Required

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Military medical treatment facilities (MTFs) in Europe no longer issue nonavailability statements (NAS) to TRICARE Standard beneficiaries for non-emergency inpatient care as of Dec. 28, 2003. This procedural change, mandated by Congress, means that Standard beneficiaries no longer require an NAS prior to seeking most types of civilian inpatient care.

"Inpatient" care is defined as care in which a patient is required to remain in a hospital or clinic for a period of more than 23 hours. An NAS is a document issued by MTF officials to a Standard beneficiary that certifies that a specific medical service is not available within the MTF at the time the care is needed. If an MTF cannot provide the inpatient care, the NAS authorizes a patient to receive care from a civilian source. This change in procedure means that Standard beneficiaries may receive most types of civilian inpatient care without prior authorization or documentation from an MTF.

In Europe, only TRICARE Standard beneficiaries will be affected by this change. TRICARE Prime beneficiaries will still require referral and authorization from their Primary Care Manager prior to seeking any non-emergency civilian care.

TRICARE Standard Patients Still Require NAS for Mental Health

An exception to this change in procedure is for mental health care. Standard beneficiaries who seek mental health care still require a NAS from their hospital or clinic after Dec. 28, 2003, before visiting a civilian provider for inpatient care. This will ensure proper reimbursement from TRICARE.

Preauthorization for Some Categories of Care Still Required

All beneficiaries seeking cosmetic, plastic, reconstructive, or morbid obesity surgeries or treatments must contact their local TRICARE Service Center before a civilian provider performs any procedure. TRICARE coverage for these types of surgeries or treatments is very limited. The preauthorization requirement is a separate program from the NAS that ensures that treatments sought by beneficiaries will be covered by TRICARE.

While TRICARE covers the vast majority of medical services, it is always wise for beneficiaries to check with their local TRICARE Service Center (TSC) staff prior to any inpatient or outpatient procedure. TSC counselors can verify coverage for a given procedure and advise beneficiaries about potential out-of-pocket costs for non-covered procedures.

Maternity Care — A Special Case

Patients who seek maternity care after Dec. 28 do not need a NAS and may seek care with any civilian provider in the TRICARE network

(patients may face out-of-pocket costs if they choose a provider outside of the TRICARE network).

TSC counselors remain available to help patients choose the best possible care options.

While the NAS was an important document prior to Dec. 28, 2003, TRICARE Standard beneficiaries are no longer required to obtain this document for most types of civilian inpatient care after this date. With the elimination of the NAS, TRICARE Standard beneficiaries will enjoy greater choice in where they receive their care.

For more information, beneficiaries may call or visit their local MTF or contact their servicing TSC.

Did You Know?

If you are a **TRICARE for Life** beneficiary living in Europe and you need care while visiting the states, your claim will be processed by the TRICARE region you are visiting in **CONUS**. Jurisdiction for processing health care claims under the **TRICARE For Life** program is based on place of service not place of residence.



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